

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/09/2016
NAME OF PROVIDER OR SUPPLIER HORIZON HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 811 KEYLON STREET MANCHESTER, TN 37355		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments A Licensure survey and investigation of complaint #38011, were conducted from 3/7/16 through 3/9/16, at Horizon Health and Rehab Center. No deficiencies were cited in relation to the complaint #38011, under Chapter 1200-8-6, Standards for Nursing Homes.	N 000		4-23-16
N 519	1200-8-6-.05(6) Admissions, Discharges, and Transfers (6) The facility shall ensure that no person on the grounds of race, color, national origin, or handicap, will be excluded from participation in, be denied benefits of, or otherwise subjected to discrimination in the provision of any care or service of the facility. The facility shall protect the civil rights of residents under the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973. This Rule is not met as evidenced by: Based on review of facility documentation, and interview, the facility failed to adhere to state regulation addressing Title VI, Section 504 and Civil Rights components under 1200-8-16. The findings included: Review of the facility documentation revealed the facility failed to develop an acceptable mechanism to annually review the policies for Title VI/Section 504 per 1200-8-16-.02(13). Review of the facility documentation revealed the facility failed to conduct a Title VI review and a Section 504 self-evaluation to determine the program accessibility to handicapped individuals, listing the handicapped individuals consulted, the	N 519	<u>N519</u> 1. How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Title VI/Section 504 and Civil Rights components were reviewed on March 24 2016. On March 24 2016 a Section 504 self-evaluation to determine the handicapped accessibility of the facility was conducted. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. All Residents have potential to be affected therefore yearly review will be conducted.	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Robin Carroll, CEO, CNHA**3/25/2016*

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continuation sheet 1 of 1

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N 519	Continued From page 1 description of identified problems, the areas examined and the remedial steps taken per 1200-8-16-.02(14). Interview on 3/9/16 at 1:16 PM with the Director of Nursing in the Administrator's office revealed the corporate office and facility had nothing addressing the acceptable mechanism to annually review the policies for Title VI/Section 504 and failed to conduct a Title VI review and a Section 504 self-evaluation to determine the program accessibility to handicapped individuals, listing the handicapped individuals consulted, the description of identified problems, the areas examined and the remedial steps taken.	N 519	3. What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur. A Title VI Section 504 Notebook was created on 3/10/16 and will remain in the administrator's office. The Policy's will be reviewed on an annual basis by the facility and corporate office. The policies were reviewed on March 24, 2016. The Handicapped accessibility evaluation was completed on March 24, 2016 and a listing of handicapped individuals consulted along with areas examined and remedial steps taken for identified problems. This will be conducted yearly.	4-23-16	

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FORM APPROVED

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